** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Here PHIL LAKIN, JR., CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature LOU ANN GIBSON LOU ANN GIBSON 11/15/23 Self-employed P00405885	Α	For the	2022 calendar year, or tax year beginning	and	ending				
Contributions and grants (estimate in recessary) Contributions (estimate in recessary) Co	B Check if applicable:		C Name of organization	C Name of organization		D Employer identification number			
Doing business as Number and street (or IP.O. box it mail is not delivered to street address) Room/sule E Telephone number (19.8) 494-8823 T15, 133, 700.	change		TULSA COMMUNITY FOUNDATION						
Number and street (of P.D. 6o it flast is not deleted to street abouts) Footnessing Footnessin	Name change		Doing business as			73-1554474			
City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code	return		,		Room/suite	1			
TULIAN, OR 74136 Fixed part		return/	<u> </u>						
Table Property P									
Taxe exempt status: X Solicy(3) Solicy(1) (insert no.) 4947(a)(1) or Sozz	F	return	10DSA, OR 74130						
Tax-exempt status:	L	tion pendir							
J. Website: WWW. JULSACE. ORG Trust Association Uther L. Year of formation: 1998 M. State of legal domicite: OX Part	_						1		
Total comparization: Corporation Trust Association Other L Year of formation: 1998 M State of legal domicile: OK Part Summary				(Insert no.) 4947(a)(1)	or 527	1			
Birefly describe the organization's mission or most significant activities:									
FOR CHARTITALE PURPOSES PRIMARILY FOR THE LONG TERM BENEFIT OF THE Check this box				SSOCIATION UNITED	L Year	of formation: 1990	M	State of legal domicile; OK	
FOR CHARTITALE PURPOSES PRIMARILY FOR THE LONG TERM BENEFIT OF THE Check this box		1	riefly describe the organization's mission or most significant activities: TCF IS ORGANIZED AND OPERATED						
Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 313 6 1014 number of volunteers (estimate if necessary) 6 0 0 0 0 1 1 1 1 1 1									
Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 313 6 1014 number of volunteers (estimate if necessary) 6 0 0 0 0 1 1 1 1 1 1		2	neck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.						
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Note turnelated business taxable income from Form 990-T, Part I, line 11 Tob 8, 583.	\ Cti	7 a	tal unrelated business revenue from Part VIII, column (C), line 12				7a		
8 Contributions and grants (Part VIII, line 1h) 273,837,867. 211,637,405. 9 Program service revenue (Part VIII, line 2g) 3,039,425. 10,030,411. 10 Investment income (Part VIII, column (A), lines 3,4, and 7d) 30,743,878. 17,983,992. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 307,738,379. 238,011,217. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 127,726,012. 176,114,750. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 127,726,012. 176,114,750. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10,312,959. 13,742,298. 16 Professional fundraising expenses (Part IX, column (A), line 1+9 0. 0. 0. 0. 0. 0.	_	<u> b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		·····		7b		
9 Program service revenue (Part VIII, line 2g) 3 , 039, 425. 10,030,411. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1 Benefits paid to or for members (Part IX, column (A), lines 4) 1 Benefits paid to or for members (Part IX, column (A), lines 4) 1 Benefits paid to or for members (Part IX, column (A), lines 4) 1 Benefits paid to or for members (Part IX, column (A), lines 4) 1 Benefits paid to or for members (Part IX, column (A), lines 4) 1 Benefits paid to or for members (Part IX, column (A), lines 4) 1 Benefits paid to or for members (Part IX, column (A), lines 4) 1 Benefits paid to or for members (Part IX, column (A), lines 4) 1 Benefits paid to or for members (Part IX, column (A), lines 4) 1 Benefits paid to or for members (Part IX, column (A), lines 4) 1 Benefits paid to or for members (Part IX, column (A), lines 4) 1 Benefits paid to or for members (Part IX, column (A), lines 5-10) 1 Benefits paid to or for members (Part IX, column (A), lines 5-3) 1 Benefits paid to or for members (Part IX, column (A), lines 5-3) 1 Charlespenses (Part IX, column (A), lines 4) 1 Benefits paid to or for members (Part IX, column (A), lines 5-3) 1 Charlespenses (Part IX	Revenue								
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 127,726,012. 176,114,750. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10,312,959. 13,742,298. 16 Total fundraising genesses (Part IX, column (A), line 25) 556,369. 17 Other expenses (Part IX, column (A), line 11-11d, 11f-24e) 24,533,026. 25,259,934. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 162,571,997. 215,116,982. 19 Revenue less expenses. Subtract line 18 from line 12 145,166,382. 22,894,235. 20 Total assets (Part X, line 16) 812,010,286. 776,647,116. 21 Total liabilities (Part X, line 26) 5,868,244. 7,386,734. 22 Net assets or fund balances. Subtract line 21 from line 20 806,142,042. 769,260,382. Part II Signature Block Signature Block Signature of officer Part II LAKIN, JR., CHIEF EXECUTIVE OFFICER Type or print name and title Preparer's signature Date Print/Type preparer's name Preparer's signature LOU ANN GIBSON Phone no.918-745-2333 Pirm's address 2222 SOUTH UTICA PL, SUITE 200 TULSA, OK 74114 Phone no.918-745-2333 Phone no.918-745-2333 10 Total Print (Part IX) Tuts (Part IX) Tu	_	'''							
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